

PROVIDER LABEL

# **MEDICAL PROVIDER COMPONENT FOR REFERENCE YEAR 2007**

## **CONTACT GUIDE FOR PHARMACIES**

### 1. ASK IF NOT OBVIOUS: Have I reached (PHARMACY)?

- ☐ CORRECT PHARMACY —→ VERIFY ADDRESS AND THEN CONTINUE WITH 2  
☐ PROBLEM WITH PHARMACY —→ RECORD INFORMATION BELOW, TERMINATE CALL, AND CONSULT WITH A TASK COORDINATOR

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### 2. May I please speak to the pharmacist?

- ☐ PHARMACIST AVAILABLE —→ CONTINUE WITH 3  
☐ PHARMACIST NOT AVAILABLE —→ END CONTACT

### 3. Hello, my name is (YOUR NAME) and I am calling on behalf of the U.S. Public Health Service. We are conducting MEPS which is a study about how people in the United States use and pay for health care. [NUMBER] of your customers identified (PHARMACY) as a place where they received prescribed medicines during 2007. Each patient signed an authorization form allowing us to contact you for information. Would you or someone in your office be able to provide this type of information?

YES ..... 1  
 NO ..... 2 (3a)

I would like to send the authorization forms to you, along with additional information explaining the study. Would you prefer the authorization forms be sent to you by fax? By mail?

[INTERVIEWER: READ IF THE RESPONDENT WOULD LIKE TO PROVIDE THE DATA PRIOR TO RECEIVING AUTHORIZATION FORM(S)]: In order to remain HIPAA compliant, I need to send you the authorization form(s) first. Once you have received the form(s), then we can arrange for the collection of the data.

#### PHARMACY MAINTAINS THE INFORMATION:

FAX AUTHORIZATION FORM(S) ..... 1 (4)  
 MAIL AUTHORIZATION FORM(S) ..... 2 (5)

PHARMACY DOES NOT MAINTAIN THE INFORMATION:

NEED TO CONTACT OTHER DEPARTMENT / CORPORATE OFFICE FOR AUTHORIZATION... ..... 3 (7)  
THIS TYPE OF INFORMATION IS NOT AVAILABLE (RECORD VERBATIM:) ..... 4  
(TERMINATE AND CONSULT TASK COORDINATOR)

3a. Who would we contact to obtain this information?

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_  
TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_

Thank you very much for your help. [END CONTACT AND FOLLOW-UP WITH THE CONTACT NAMED IN A4a.]

4. What is the FAX number?

FAX NUMBER: (\_\_\_\_\_) \_\_\_\_\_

What name and title should I put on the FAX cover page?

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_  
PROVIDER: \_\_\_\_\_

GO TO 6

5. What name and address should I put on the address label?:

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_  
PROVIDER NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ EXT: \_\_\_\_\_

6. Once you have received the authorization form(s), we will collect the data. We are interested in collecting profiles for each patient that includes the amount paid by the patient and the amount paid by any third party payers for all prescriptions in 2007. We are also interested in collecting the NDC, date filled or refilled, quantity dispensed with dosage form. We would appreciate it if you could also include the types of the third parties. Would you prefer providing that data to us over the phone, or would you rather fax or mail in the data to us?

Should we need to contact you by phone, what would be the best day and time to call?

DAY: \_\_\_\_\_ DATE: \_\_\_\_\_ R's TIME: \_\_\_\_\_ AM/PM

INTERVIEWER: PROVIDER WILL RESPOND:

BY FAX.....

BY MAIL.....

BY PHONE .....

NO PREFERENCE INDICATED .....

1

2

3

4

IS THE MAIL OR FAX BEING SENT TO:

PERSON ON TELEPHONE .....

SOMEONE ELSE .....

1

2

INTERVIEWER: IF THE MAIL OR FAX IS BEING SENT TO SOMEONE ELSE, RECORD THE TELEPHONE CONTACT'S NAME:

TELEPHONE CONTACT NAME: .....

Thank you very much for your help. [END CONTACT AND RECORD FAX/MAIL DATE AND APPOINTMENT ON CALL RECORD.]

7. We will need to get in touch with the person or office that can provide the information we need. What is the name of the person and/or office that we should contact and their telephone number?

PERSON'S NAME:\_\_\_\_\_

TITLE: \_\_\_\_\_

NAME OF DEPARTMENT/OFFICE: \_\_\_\_\_

TELEPHONE (\_\_\_\_\_)\_\_\_\_\_ EXT:\_\_\_\_\_

8. Thank you very much for your help. [END CONTACT AND SEE A TASK COORDINATOR BEFORE MAKING NEXT CONTACT.]

## FOLLOWUP INTRODUCTION

9. May I please speak to (RESPONDENT)? Hello, my name is (YOUR NAME) and I am calling about MEPS, which is a study that we are conducting for the U.S. Public Health Service. Did you receive the authorization form(s) we (FAXed/sent)?

YES ..... 1 (14)  
YES, DATA SENT/FAXED TO WESTAT ..... 2 (9a)  
NO ..... 3 (10)

- 9a. Approximately, when was the information sent?

MONTH:\_\_\_\_\_ DAY:\_\_\_\_\_ YEAR:\_\_\_\_\_

Thank you very much for your help. Once we receive and review the profiles, we may be contacting you again to answer questions about the data. [END CONTACT AND RECORD FAX/MAIL DATE ON CALL RECORD.]

10. Let me (FAX/send) the authorization form(s) to you.  
HAS FAX MACHINE..... 1 (A11)  
DOES NOT HAVE FAX MACHINE OR PREFERS MAIL..... 2 (A12)

[INTERVIEWER: READ IF THE RESPONDENT WOULD LIKE TO PROVIDE THE DATA PRIOR TO RECEIVING AUTHORIZATION FORM(S)]: In order to remain HIPAA compliant, I need to send you the authorization form(s) first. Once you have received the form(s), then we can arrange for the collection of the data.

10. I would like to verify the FAX number and name that I should put on the FAX cover page. I have (GIVE NAME AND FAX NUMBER FROM 4.) Is that correct?

FAX NUMBER: (\_\_\_\_\_)\_\_\_\_\_  
NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_  
PROVIDER: \_\_\_\_\_

11. Once you have received the authorization form(s), we will collect the data. We are interested in collecting profiles for each patient that includes the amount paid by the patient and the amount paid by any third party payers for all prescriptions in 2007. We are also interested in collecting the NDC, date filled or refilled, quantity dispensed with dosage form. We would appreciate it if you could also include the types of the third parties. Would you prefer providing that data to us over the phone, or would you rather fax or mail in the data to us?

DAY:\_\_\_\_\_ DATE:\_\_\_\_\_ R's TIME:\_\_\_\_\_ AM/PM

Thank you very much for your help. [END CONTACT AND RECORD FAX DATE AND APPOINTMENT ON CALL RECORD.]

12. I would like to verify the name and address that should go on the address label. I have (GIVE NAME AND ADDRESS FROM 5.). Is that correct? [MAKE CORRECTIONS AS NECESSARY]

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_  
PROVIDER NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ EXT: \_\_\_\_\_

13. Should we need to contact you by phone, what would be the best day and time to call you back?

DAY: \_\_\_\_\_ DATE: \_\_\_\_\_ R's TIME: \_\_\_\_\_ AM/PM

INTERVIEWER: PROVIDER WILL RESPOND:

BY FAX ..... 1  
BY MAIL ..... 2  
BY PHONE ..... 3  
NO PREFERENCE INDICATED ..... 4

IS THE MAIL OR FAX BEING SENT TO:

PERSON ON TELEPHONE ..... 1 NAME: \_\_\_\_\_

SOMEONE ELSE ..... 2

Thank you very much for your help. [END CONTACT AND RECORD MAIL DATE AND APPOINTMENT ON CALL RECORD.]

14. If it is convenient for you, we can just go ahead and complete the profiles together over the phone right now. I'd be happy to hold on while you get the information you need from your records.

WILL COMPLETE BY PHONE NOW ..... 1 (15)  
WILL COMPLETE BY PHONE IN THE FUTURE ..... 2 (16)  
PREFERS FAXING OR MAILING PROFILES ..... 3 (17)

15. COMPLETE EVENT FORMS NOW. WHEN ALL FORMS HAVE BEEN COMPLETED, SAY: Thank you very much for your time and your help with this study. [END CONTACT]

16. What would be the best day and time to call you back?

DAY: \_\_\_\_\_ DATE: \_\_\_\_\_ R's TIME: \_\_\_\_\_ AM/PM

Thank you very much for your help. [END CONTACT AND RECORD APPOINTMENT ON CALL RECORD.]

17. We hope you can send the profiles to our office within 2 weeks. Let me verify that you have our correct contact information.

IF MAILING INFORMATION: Anne Denbow  
WESTAT  
9274 Gaither Road, GA 48F  
Gaithersburg, MD 20877-1420

IF FAXING INFORMATION: YOUR NAME AND EXTENSION IF APPLICABLE  
FAX NUMBER: 1-800-292-6408  
PHONE NUMBER: 1-800-318-3843

Thank you very much for your time and your help with this study. [END CONTACT].